Rationing Failure: Ethical Lessons of Retransplantaton

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Question

How do we determine who receives transplants given the scarcity of cadaver organs?

One problem that people have noticed is that some get transplants because of media press; they are "rescued" by the media.

What are the ethical considerations?

Ubel, Arnold, Caplan

"The allocation system distributes 10 to 20 percent of available hearts and livers to retransplant patients, a group of individuals who have not only received the resource already, but who are also less likely to benefit from a new organ."

"We argue that the present allocation system should be changed so that retransplant candidates no longer get the same access to transplant organs as those awaiting their first transplant."

The System

Transplant and retransplant candidates are coordinated by the United Network for Organ Sharing (UNOS).

To enter system one must be diagnosed as having end-stage heart or liver failure, then they are referred to a transplant center.

At the center, patients are evaluated by transplant team (physicians, nurses, social workers, etc)

Once deemed suitable candidates, patients are on waiting list, where they compete for available organs with other patients.

The System: trying to be fair

Cadaver livers are allocated on a point system

1. **ABO blood-group compatibility**
2. **Extent of medical urgency**
3. **Amount of time on the waiting list.**

*** Priority is given to potential recipients in the same locality or region as the harvesting site**

Cadaver hearts not allocated on point system, but have the same 1-3 considerations, and since hearts can't be preserved for long distances, locality is a factor.

It gets tricky

The system seems egalitarian, "first come, first served", but there are other factors:

- **Transplant effectiveness**
- **Thus, waiting lists distribute organs according to ABO matching and, for hearts, the locality, which are important predictors of implant success**
- **Also, preoperative medical condition is important. Those most urgently ill, b/c they will die soonest, we ought to give them the organ.**
- **Once on list, primary transplant and retransplant candidates are treated identically. E.g., no points deducted for liver retransplant patients**

Reasons to give higher priority to Retransplant patients

1. **The transplant system owes patients another chance at receiving a transplant to make up for the suffering caused by the failure of their previous transplant.**
   - Reply: very hard to determine the "suffering". Should a stoic candidate receive lower priority?
2. **Transplant teams have a special duty not to abandon their patients**
   - Reply: the sense of obligation, though understandable, should not be a factor because we would end up favoring patients who are better at forming relationships with transplant teams.
   - Authors seem to be identifying duty with "feelings" and "emotional attachment", but are these these things the same?

Is retransplantation fair?

"Imagine two individuals who have equally dire need of a new liver to survive. Both reach the point of needing the liver at the same time, and are coincidentally placed on the transplant waiting list. They are judged, as best as can be determined, to have an equal chance of surviving and benefiting from a new liver. An organ becomes available equally suitable for either candidate. Should their names be placed in a hat and one selected? What if one were to learn of the lottery and complain: 'She has already received a liver transplant. I should get a crack at one liver before she gets a second.'"

Is retransplantion fair?

"piece of the health-care pie" view

Inadequate because it sees only health-care with transplants in mind, not health-care as a whole

What the data suggests, so…

The available data show that heart and liver retransplant patients do not do as well as primary transplant recipients. 20 % less likely to survive one year after transplantation.

Should a moderate difference in survival rates make a difference in how we allocate scarce organs?

Look at the ABO matching criterion:

- Because an ABO match (as opposed to a mismatch) has a 15-20% survival advantage, ABO matching is used as a criterion.

Survival rates between transplant and retransplant are statistically similar, so it seems inconsistent to ignore similar efficacy differences between primary transplant and retransplant recipients.

conclusion

"We need to revise the allocation system in a way that directs more organs to primary transplant candidates instead of retransplant candidates…

We think that the waiting lists should be altered so that primary transplant candidates have a better chance of receiving organs than retransplant candidates. In addition, we think those needing a third or fourth transplant should be removed from the waiting lists altogether." (282)